

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09/744084

FILING DATE

05 APR 2001

APPLICANT(S)

*Lapelle*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4						
5						
6						
7						
8		1	1	1		
9			1	1	1	
10			1	1	1	
11			1	1	1	
12			1	1	1	
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TOTAL IND.			18	18	18	
TOTAL DEP.			18	18	18	
TOTAL CLAIMS						

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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